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### PDD Delds Deld						<u> </u>		CR2E			
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Stope Address of New Registered Agent City JURANUR The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and account the orbity submits of registered agent. CITY JURANUR The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and account the orbity submits of registered agent. CITY JURANUR The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and account the orbity submits of registered agent. CITY JURANUR The above named entity submits it is statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and account the orbity submits of the State of Forda. CITY JURANUR The above named entity submits its statement for the purpose of changing its registered agent, or both, in the State of Forda. The above named entity submits its statement for the purpose of changing its registered agent, or both, in the State of Forda. The above named entity submits its statement for the purpose of changing its registered agent, or both, in the State of Forda. The above named entity submits its statement for the purpose of changing its registered agent, or both, in the State of Fordat State of State of State of Fordat State of St			1 ' =	1 ' = -							
S. Hame and Address of Current Registered Agent	•			1	7	5. Certificate	of Status Desired				
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Numbe	2002	, , , , ,				7. Name and	Address of New	Registered	Agent		
The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accert the obligations of registered agent. GNATURE Continue	800 GLAI E-102	DES CIRC	••	_//	1904_R	IIRA MAR	er is Not Acceptab ? DARKWA	94			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 E PD PADRON, HUMBERTO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 E PD PADRON, HUMBERTO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS			for the purpose of changing its				th, in the State of F		- 330	125	
After filesy 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	GNATURE.	Signature, typod or printed name of registered age	ent and title if applicable. (NO	TE Registered Agent e	signature requirer	d when reinstating)		51 DATE	1/0	<u>o</u>	
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TOLEDO, JORGE 11532 SW 152ND PLACE STREET ADDRESS ST-ZIP Delde	Æ EET ADDRESS	PIACQUADIO, SALVADOR 713 CREEKWATER TERRACE		NAME STREET ADDRE	ess				☐ Change	Addition	
INME STREET ADDRESS (-51-2P) STREET ADDRESS CITY-51-2P CITY-51-2P CITY-51-2P CITY-51-2P CITY-51-2P Condition this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directed on this report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other/like empowered.	Æ Eet address	TOLEDO, JORGE 11532 SW 152ND PLACE	☐ Delete	NAME Street addri	F\$S				☐ Change	Addition	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other/IRse empowered.	Æ Eet adoress		☐ Delete	name Street ador	ess.				☐ Change	Addition	
IGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR Date Of Daylore Phone #	indicated of the cor changed	on this report or supplemental report poration or the receiver or trustee error or on an attachment with an address	t is true and accurate and that powered to execute this repor	my signature sh it as required by	ns contained all have the Chapter 60	same legal effec 7, Florida Statute	t as if made under es; and that my nar	r oath; that I me appears	am an officer in Block 10 o	or director Block 11 if	